

## RIDESHARE RIDER LIST

THIS FORM **MUST** BE SUBMITTED WHEN ORIGINALLY APPLYING FOR RIDESHARING LICENSE PLATES AND ANNUALLY, AT THE TIME OF RENEWAL.

PLEASE TYPE OR PRINT CLEARLY

REGISTERED OWNER NAME (Last, First Middle Initial)	
MAILING ADDRESS	CITY STATE ZIP CODE
CURRENT PLATE NUMBER	MAKE YEAR VEHICLE IDENTIFICATION NUMBER (VIN) OWNER'S CUSTOMER ACCOUNT NUMBER *

\* The Customer Account Number can be located on your Washington Drivers License or ID Card under the heading of "Number", or on your Master Business License, in the upper right corner.

We, the undersigned, have reviewed the information contained on the Rideshare Plate Application, TD-420-748, and together we form a fixed group for purposes of commuter ridesharing. We further understand that misuse of the rideshare privilege to avoid payment of taxes is a gross misdemeanor.

### Rider List

1) Driver Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature ☒ \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

2) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature ☒ \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

3) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature ☒ \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

4) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature ☒ \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

5) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature ☒ \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

6) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature ☒ \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

## Rider List (Continued)

**7) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**8) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**9) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**10) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**11) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**12) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**13) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**14) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian

**15) Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ WA Zip \_\_\_\_\_

Signature **X** \_\_\_\_\_ Confined to wheelchair? Yes ☐ No ☐  
Rider, Parent or Guardian